Well... sort of...!

The New Hork Times

PROBLEM STATEMENT

by the Intercultural Cancer Council

Racial and ethnic minorities and medically underserved populations experience unequal suffering and unequal death from cancer compared to the population as a whole.

These populations are of importance to the health status of the nation as they continue to rapidly increase in size and, as a whole, move towards becoming the "majority" population.

If we do not adequately address the health disparities of these populations, the national Healthy People 2010 objectives, including the unequal burden of cancer, will not be achieved.



"Speaking With One Voice"

The Intercultural Cancer Council (ICC) promotes policies, programs, partnerships, and research to eliminate the unequal burden of cancer among racial and ethnic minorities and medically underserved populations in the United States and its associated territories.

Launching The Network

Responding to the Surgeon General's call for immediate action to "close the gap" on health disparities, including cancer, an educational forum and national conference was convened February 28 -March 2, 1999 to launch a national network dedicated to this purpose.

ICC NATIONAL NETWORK

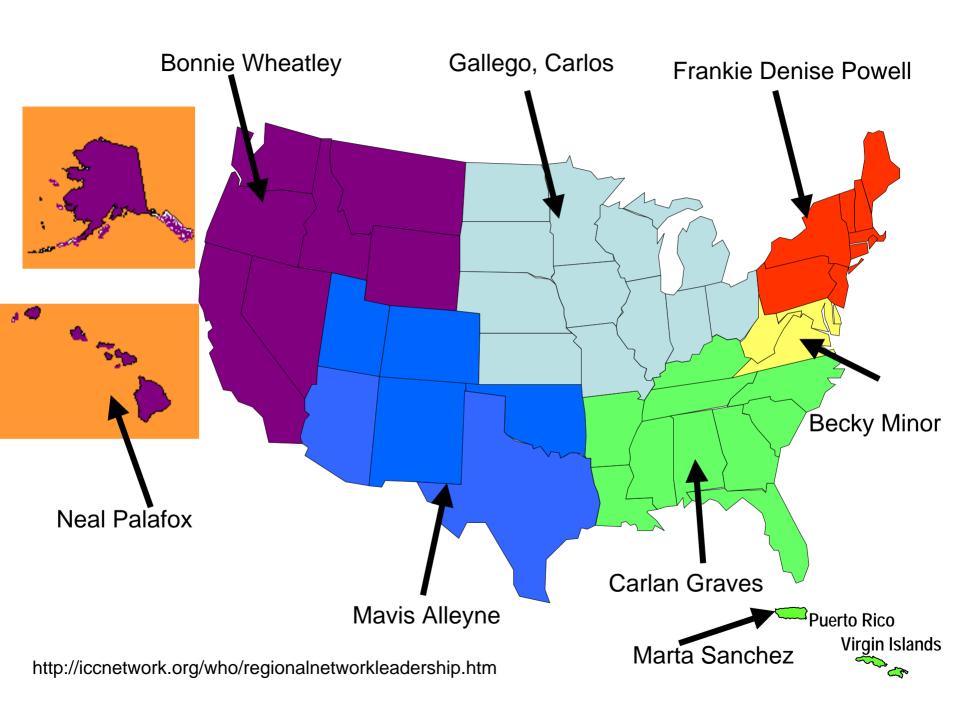






ICC National Network





Just the facts please....



INTERCOLPURAL CONCER COUNCIL "Speaking With One Vote"

We, the American children, are un

ber 72.3 million, or 26% of the US

of us are Hispanic and 15% are Af-

of us belong to Asian and Pacific

American Indian/Abolia Natives.

White. Throughout the past 50 yes

ilved in "traditional" families who

worker and the mother a full-ti-

majority of us like with both pare

fion of us have only one parent in

have grandparvets in the home, a

with one to three children. For ea

"traditional" family, four of us like

The proportion of children living it

by level Incomes has increased ov-

more than a third of us (38%) wen

ty levels FI As African Ameri

American/Absig Native children.

poverty rates than White children.

(8.5 million) have no health insur-

are poor, 21.3% of us lack health

African American, Hispanic, and

aged 12.47 nepost those contacts I

tings) with a physician compared report 3.6 contacts per year, 5-2

Prairit Corpo Not Stanlago Bred Mongo et abustone part Prairit Visit Stanlago

ACCESS



















CANCER

WHO WE ARE

Appalations are residents in a region that includes 22 million people in 404 counties in 13 states between Southwestern Herr York and Mississippi. Central Appalachia includes the defined governable area of West Virginia, and parts of Kentusky, Tennescoa, Virginia, and Otio where a higher propertion of the almost entirely White, largely rand population is peor. The Appalachian region has traditionally experienced higher poverty rates, longer education levels, and limited access to health care as compared to the ration as a whole. Approximately SSK of Appalachian counties are must 42% of the region's residents live in these rural counties. Furthermore, 108 of the 404 counties are categorized as distressed or severally distressed. If for example, in 1997 the per capita imome of those living in Appalatria was approximately \$4,000 loss than the extional everage and the enterplay. menticate in 1998 was higher than the national average (4.9% vs. 4.5%) respectively. (1

Paral residents tend to be elder, poorer less educated, and are more likely to be an insured than their urban counts grants. These rural communities have higher rates of chronic illness and disability and report proper everall health status then their urban neighbors. Residents of rural areas generally have loss contact and fewer visits with physicians and, in general, lower levels of preventive care, (24)

While powerty or lost sucie economic states has not been directly related to a higher insidense of cancer, research has shown that poverty has an adverse effect on concer survival rates. The American Carper Society actimates that the carnor servival rate of poer individeals is 10 to 15 percent lower than those of other Americans. ©

• Fewer women in the Appalachia area, as compared to women outside the Appalachts area had consided pap tests in the past two years (72.5% vs. 80.8%). Fewer women in households with incomes of less than \$25,000 received pap tests. when compared to women in households with incomes of \$5,000 or more \$0.3%. vs. 33 (%). Fever women with less than a high school education received pap-tests in the part two years when compared to women with a high school education or more (67.8% vs. 86.7%), 14

Asservch/Assistant Steam Company

INTERCULTURAL CANCER COUNCIL "Speaking Well One Value" ELDERLY & CANCER

people in the United States who are 65 years of age and older. us, aged 65-74 years old are reterred to as the "younger-old." -84 are called "sid," and those of us who are 85 years and the "older-old." We represent a significant segment of the on (12.4%) and our numbers are expected to more than douw matche of the 21st century to 80 million (20.4%) or 1 in 5 ns (iii) During the lact century our numbers have increased ten-1.3.1 million in 1900 (about 1 in 25 Americans) to 35.0 million. apout 1 in every 8 Americans). [3]

million elderly in 2000, about 30 million (85%) of as are 8 million (8%) are African American, and 1.7 million (5%) are Asians account for 801,000 (2%), American Indian/Maska account for 138,400 (0.4%), and Hawalian and Facific togal 21,000 (0,006%) [7]

ear 2050 under current projections our numbers in minority and are expected to outside Whites. While the number of eldles its anticipated to double to 62 million, the number of eldera Americans will nearly quadruple to over 9 million, Elderly s will total about 12 million: 11 times as many as in 1999. The of American Indian and Alaska Nullives will grow to 562,000, isn and Pacific Islander elderly will approach 7 million, HI

this 65 year age limit, we are often recognized as eiterly at Interpret ages depending on our cultural backgrounds. For we may be considered elderly as young as 48 years of age for sufficient Asian subgroups and among some American Indian. As Native populations, Fil.

STATISTICAL CANCER FACTS FOR MEDICALLY UNDERSERVED POPULATIONS



Project Directors Special is between the last Witnessitting Pall, (AR) Name Of Street, Provide N. Andrews MC.

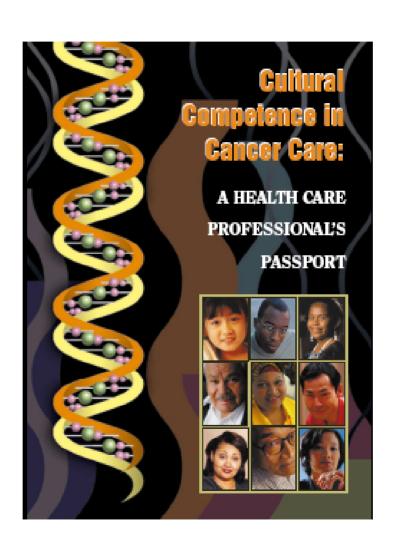
There ICC Corper Red Sheets were



Aginci Sirvator Richolas K. Izmeranina, Prili Promisin Chalata, MPA

Set Standard

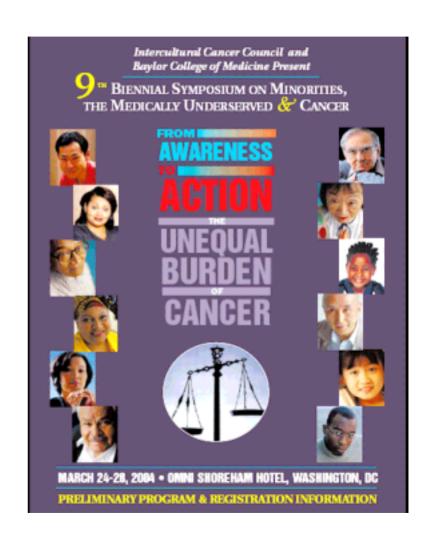
Promoting Cultural Competency



SAVE THE DATE

10th Biennial
Symposium on
Minorities,
the Medically
Underserved & Cancer:
Committed to
Eliminating Disparities

April 19 - 23, 2006, OMNI Shoreham Hotel, Washington, DC





STRENGTHS OF THE ICC

The ICC has been successful in achieving its mission and carrying out its primary functions, and in representing the needs of its members.

The major strengths of the organization include:

- the diversity of ICC membership,
- the diversity of ICC leadership,
- the breadth of issues that ICC addresses, and
- the willingness to represent all ethnic and medically underserved populations.

"Of all forms of inequity, injustice in healthcare is the most shocking and inhumane."

Rev. Martin Luther King, Jr.

Update....The Data... The Literature...

The President's Cancer Panel

- The Meaning of Race in Science
- The Impact of Managed Care
- Voices of a Broken System:
 Real People, Real Problems
- ...and more

The Institute of Medicine

- Unequal Burden of Cancer
- Unequal Access
- Unequal Treatment
- ...and more

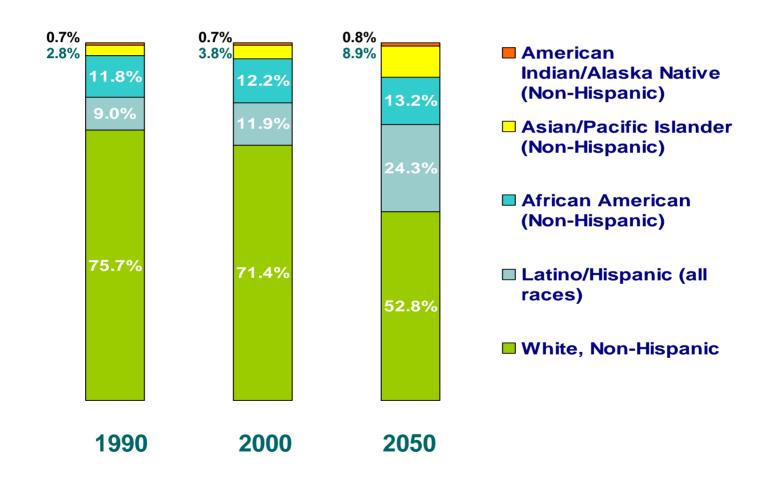
EMERGING MAJORITIES

People of color are now > 30% of the population in 16 states and the District of Columbia:

- Hawaii (77%)
- **■** New Mexico (55%)
- **California** (53%)
- **Texas** (48%)
- Mississippi (39%)
- **■** Maryland (38%)
- **New York (38%)** ■
- Georgia (37%)
- Arizona (36%)

- **Louisiana** (38%)
- **Arizona** (36%)
- Nevada (35%)
- Florida (35%)
- **■** New Jersey (34%)
- South Carolina (34%)
- Alaska (32%)
- Illinois (32%)
- District of Columbia (72%)

Percent of the U.S. Population by Race (Non-Hispanic) and Hispanic Origin 1990, 2000 and 2050



What Is A Cancer Health Disparity?

Disproportionately greater burden of disease in some communities than in the general population.

Average Annual Breast Cancer Incidence Rates by Race, Ethnicity & Age, 1995-1999

	White	Black	American Indian/ Alaska Native	Asian/ Pacific Islander	Hispanic/ Latina
All ages	139.0	121.5	59.7	97.9	83.5
<50	42.8	42.2	20.9	39.1	30.5
50-64	326.1	286.4	165.7	244.6	196.1
65-74	458.6	359.0	159.2	274.3	253.4
75+	477.9	403.5	153.4	245.8	253.6

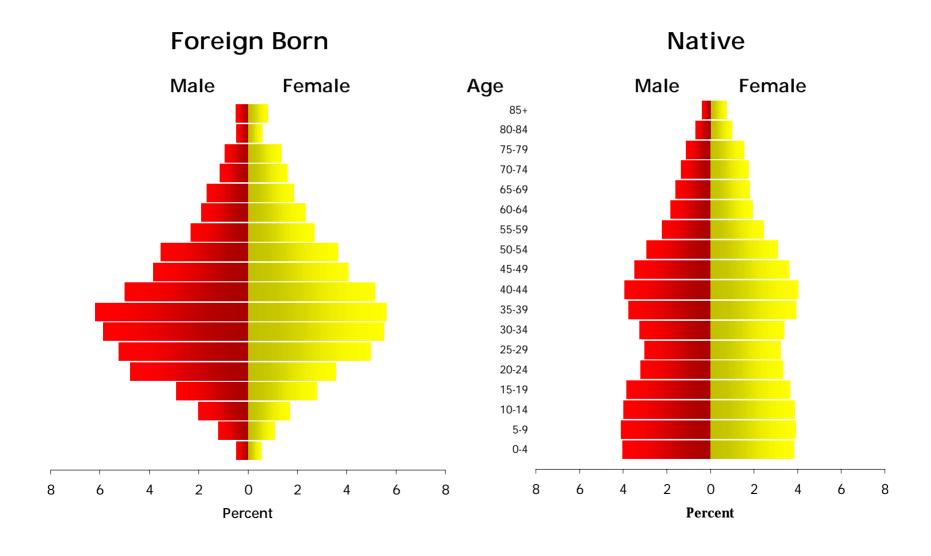
^{*}Rates are per 100,000; adjusted to the 2000 U.S. standard population.

Average Annual Breast Cancer Mortality Rates by Race, Ethnicity & Age, 1995-1999

	White	Black	American Indian/ Alaska Native	Asian/ Pacific Islander	Hispanic/ Latina
All ages	28.2	37.1	15.0	13.0	17.2
<50	6.1	11.2	3.9	4.0	4.8
50-64	55.0	77.6	32.8	31.7	36.9
65-74	96.2	112.1	54.3	36.7	53.4
75+	152.3	165.4	61.8	48.1	77.9

^{*}Rates are per 100,000; adjusted to the 2000 U.S. standard population.

Age Distribution by Sex and Origin: 2000 (In Percent)



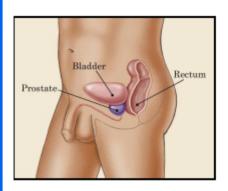
Prostate Cancer

What You Should Know...



What is my prostate and where is it?

Your **prostate** is a small part of your body that sits next to your bladder. Only men have a prostate. It makes semen, which is the liquid that carries sperm when you have sex. A normal prostate is about the size of a walnut or a small lime.



What is prostate cancer?

Cancer can start growing in any part of your body. When it grows in your prostate, it's called prostate cancer. Prostate cancer is not the same thing as "having a big or enlarged prostate."

Who can get prostate cancer?

Prostate cancer is one of the most common kinds of cancer. About 1 out of every 5 men will get it.



You have a higher chance of getting prostate cancer as you grow older. Your chances are also higher if you are African-American, or if your brother or father had prostate cancer.

Would I feel anything wrong if I had prostate cancer?

Prostate cancer grows slowly. Most of the time, men don't feel anything wrong, but there are some things you can watch for. Keep an eye out for blood in your urine or semen. Also tell your doctor if you have back pain that won't go away.

How can my doctor check for prostate cancer?

There are 2 main ways to check for prostate cancer – a **blood test** and a **rectal exam**. The blood test is called the **PSA**.

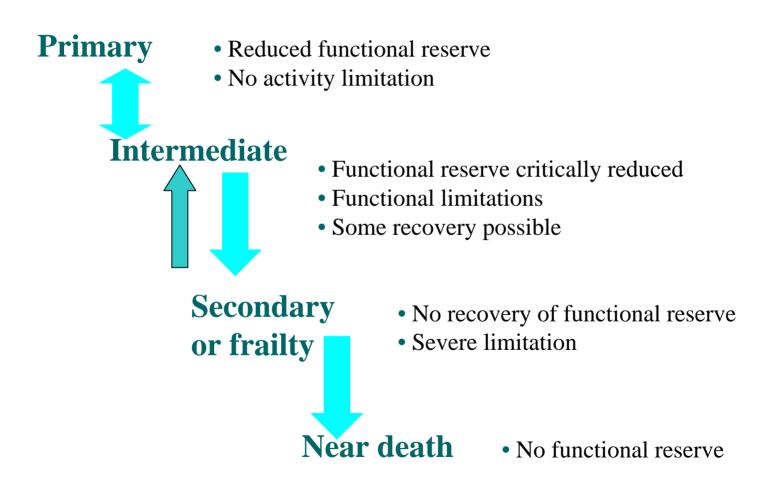
(Continued on back).

Low <u>Literacy</u>

National Adult
Literacy Survey
reported 22% of US
adults were
functionally illiterate
and an additional
27% were
marginally literate.

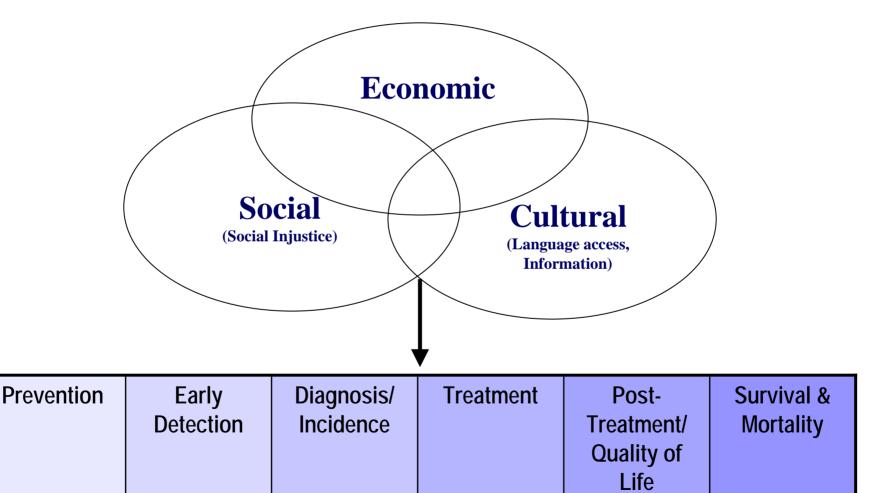
This information may be copied and given to patients.

Patient Selection: the Stages of Aging



Hamerman D. Ann Intern Med. 1999;130:945-950.

Factors that influence cancer (and other health) disparities



CULTURE

"... profoundly affects the illness experience through beliefs about the meaning of cancer, use of screening and early detection programs, emotional and physical responses to the treatments, side effects of the treatments, patterns of decision making, and the family dynamics that infuse each step along the continuum of care".

Marjorie Kagawa-Singer, R.N., M.N., Ph.D.

Truth-Telling

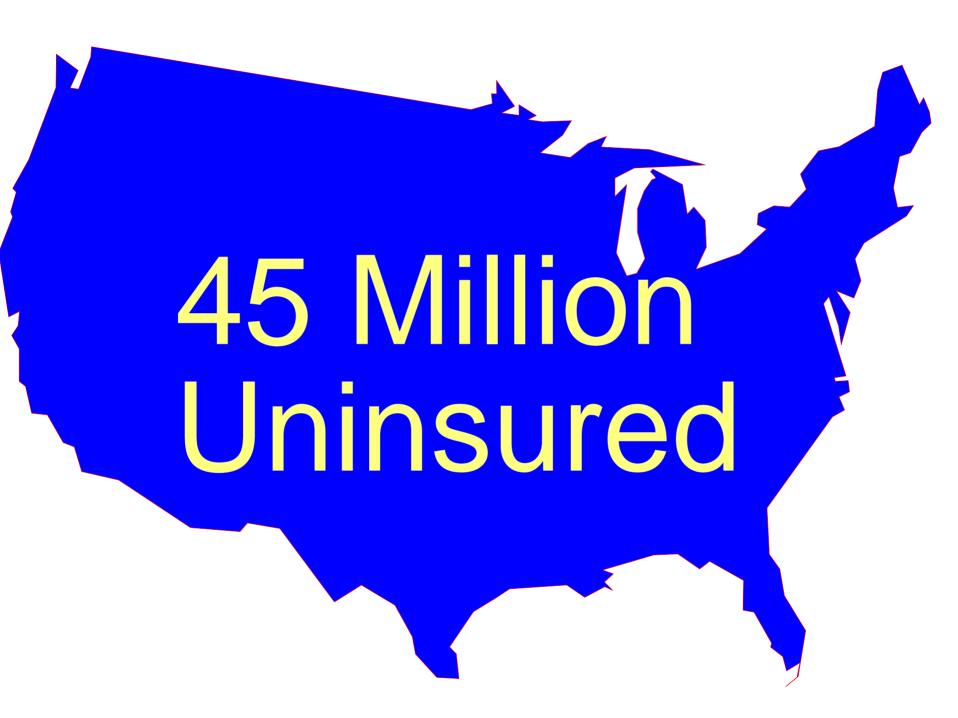
President's Cancer Panel (2002)

Voices of a Broken System: Real People, Real Problems

"Prohibitions on... ...disclosing cancer remain strong in many cultures. For example, many Native Americans believe that speaking aloud about cancer will bring it upon the reservation... ...Latina and African American women may hide their cancer because they fear rejection by their partners. In some Asian cultures, there is a strong fear of being shunned by both family and community...

... "Code of silence" that prohibits discussion of cancer, (resulting in): suffering, personal isolation, and in many cases, preventable death."

 $(p \ 36)$



Percent of People w/o Health Insurance Coverage by Race, 2001 to 2002

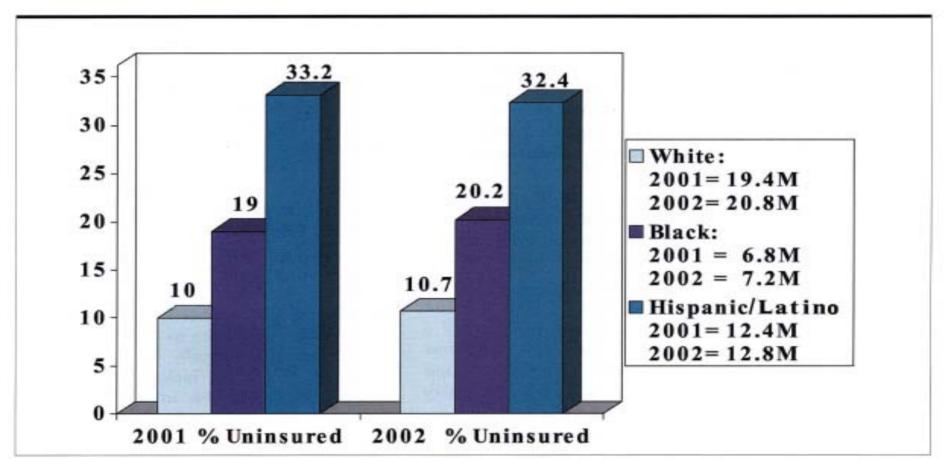
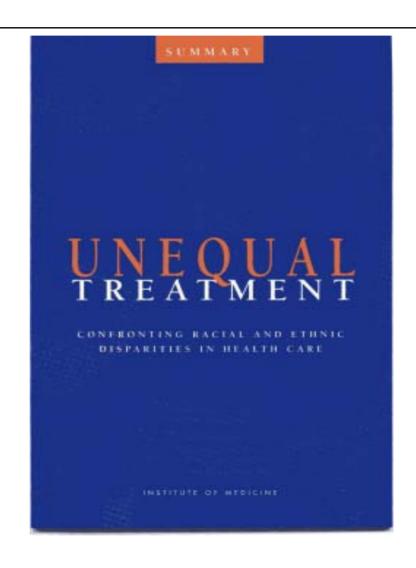


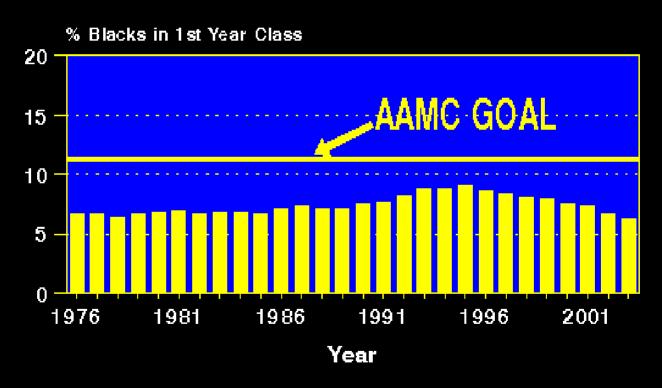
FIGURE 3 Percent of People Without Health Insurance Coverage for the Entire Year, by Race and Hispanic/Latino Origin, 2001 to 2002.

Source: Mills RJ, Bhandari S.12

A Must Read...



Black Enrollment in U.S. Medical Schools, 1976-2003



Source: RWJ Fdn. 1987; AAMC; & JAMA Annual Medical Education Special Issue 2003 figure based on estimated total first year enrollment; Hispanic enrollment fell 4% in 2003



Bulletin

ARCH 2003

VOL. 44 NO. 3 * THE NEWSPAPER OF 50+ AMERICA * WWW.AARP.ORG/BULLETIN

RUGS: Glaxo Attempts o Halt Sales in Canada he move inspires protests, alls to switch from drugtaker's products. PAGE 3

VSIGHT: Grassley Says Var Won't Slow Agenda

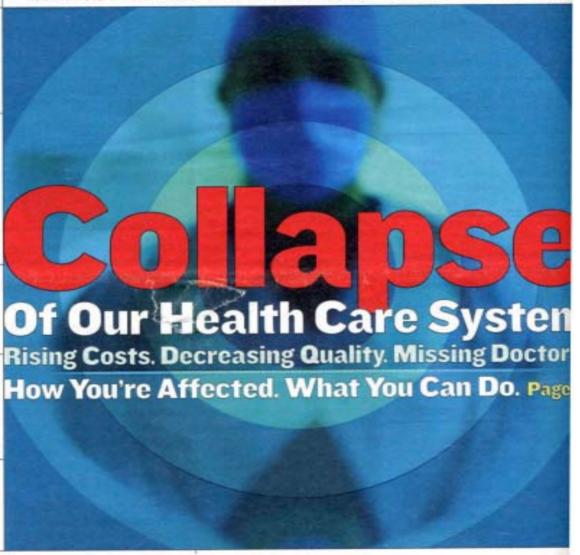


Key Senate leader says the economy and a prescription drug benefit are his top priorities. PAGE 6

OBS: Boomers Protest Age Bias in Workplace Discrimination complaints are on the increase. PAGE 10

AEDICINE: Mental Health
Care for Elders Improves
New field of geriatric psychistry focuses on stresses
inked to aging. PAGE 16

NONEY: Deeper in Debt Today's 50-plus generation is ess averse to debt than its predecessors. PAGE 22





Voices of a Broken System: Real People, Real Problems

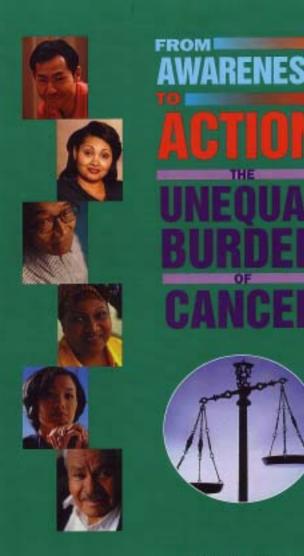
President's Cancer Panel Report of the Chairman 2000–2001

NATIONAL INSTITUTES OF HEALTH National Cancer Institute

ICC Caucus

- o 501c(4)
- Devoted to promoting policy
- Advocating for change
- Speaking with "One Voice"

INTERCULTURAL CANCER COUNCIL CAUCUS





MARCH 2004

An Agenda for Action

ICC Caucus calls on the Administration, Congress and the public health community to enact 12* recommendations to bring about the elimination of cancer health disparities.

The ICCC's **Agenda for Action** was announced March 24, 2004 at the 9th Biennial Symposium on Minorities, the Medically Underserved & Cancer in Washington, D.C.

Advocating for Change: Can Academic Centers Play a Role?

YES, Absolutely

Let's take a few issues...



- Support for student & residency training
- Reimbursement of services to undocumented workers
- Frequency of recommended screening exams
- Access to Quality Ca
 Care

Advocacy vs. Lobbying Activity

In general, no organization may qualify for section 501(c)(3) status if a substantial part of its activities is attempting to influence legislation (commonly known as lobbying). A 501(c)(3) organization may engage in some lobbying, but too much lobbying activity risks loss of taxexempt status.

U.S. Department of Health and Human Services Public Health Service Grant Application (PHS 398)

II. Assurances and Certifications

Each application to the PHS requires that the following assurances and certifications be verified by the signature of the Official Signing for Applicant Organization on the Face Page of the application.

Most Academic Institutions Don't

- Don't want to put their status at risk
- Don't really have specific policies in place
- Don't know what their faculty are doing
- Don't provide guidance and training for their faculty
- Don't realize that they can and should advocate for ...

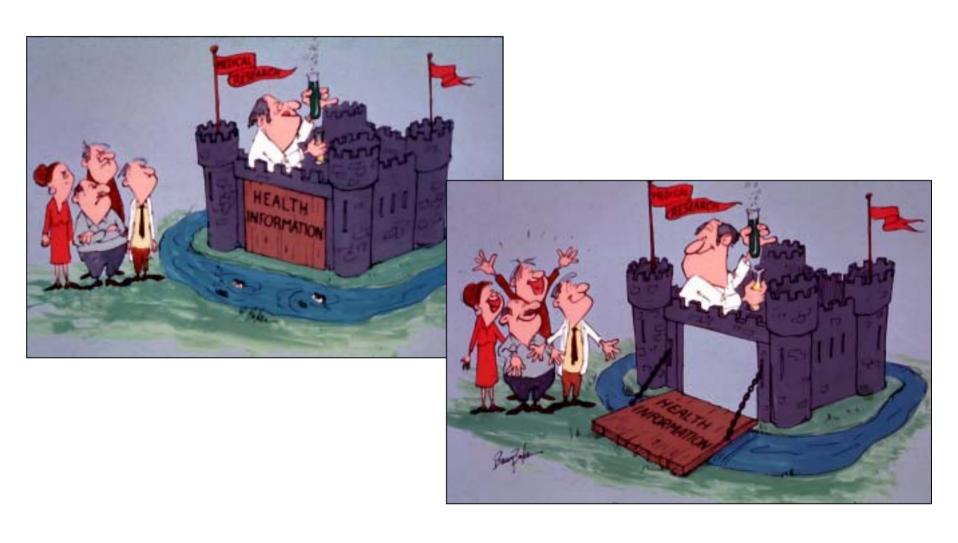
Connecting the Dots

Are Cancer Centers Dots or Dashes?

Dots or Dashes?

- "The P30 cancer centers are the engine of NCI's extramural research program and are the bases for community outreach and dissemination to the wider research and geographic communities."
 - Advancing Translational Cancer Research: A Vision of the Cancer Center and SPORE Programs of the Future
 - National Cancer Advisory Board P30/P50 Ad Hoc Working Group February 2003
- As such, cancer centers are important community and regional resources ...
- If cancer centers are to take the lead in translational and innovative clinical research, a proactive process must be in place for rapidly moving interventions into the hands of practitioners.

From bench...to bedside... to the street



Shared Initiatives...

- Access to Health Care
- AssociationLeader... to Adviseon HealthDisparities

Why not actively engage in all academic enterprises in Comprehensive Cancer Control?

The Association of Academic Health Centers is dedicated to improving the health of the people by advancing the leadership of academic health centers...

At your institution...

- Become familiar with the issues
- Ask for institutional policy, procedures and training
- Find ways to engage leadership
 - ✓ Administration
 - ✓ Board
 - Community
 - ✓ Media
- Make a difference

A closing thought.... or two... On Advocacy

I hate to advocate drugs, alcohol, violence, or insanity to anyone, but they've always worked for me.

Hunter S. Thompson
US journalist (1939 - 2005)

Who can protest and does not, is an accomplice in the act.

The Talmud

Improving the Management of Pain and Adverse Symptoms for Persons with Cancer in the Indian Health System

A Quality of Cancer Care Committee

Spirit of Eagles Conference, Gila River (Phoenix) -- September 2004

- Opportunity to link this effort to the broader efforts around cancer in Indian country.
- Use the diverse expertise gathered at the meeting to enhance our understanding of the questions and provide guidance for the project.
- Support interest in palliative care and cancer pain and adverse symptom management.

Arizona NARCH (ITCA)

- Track persons with cancer through the Indian health system in the Phoenix Area.
 - Chart review and survey data
- Understand and describe the pathway and processes of care.
- Understand and describe the experience of cancer pain and adverse symptom management.



National Dialogue on Cancer

The NDC was a forum for bringing together the nation's leaders in the cancer arena for the first time with the unique purpose of stimulating dialogue to generate new ideas and new actions to increase our Nation's momentum towards conquering cancer

How quickly things change...

Cancer takes too many lives each year..

- A strong economy
- A vocal public
- Progress in Science
- Seeking a Return on Investment

- A weakening economy
- Public expectations
- An inflection point
- Keeping our promise

National Dialogue on Cancer "From Dialogue to Action"



Mission of C-Change

 The mission of C-Change is to leverage the combined expertise and resources of its Members to eliminate cancer as a (major) public health problem at the earliest possible time.



Priority Teams

- Cancer Research
 Team
- Comprehensive State Cancer Plans Team
- Primary Cancer
 Prevention and Early
 Detection Team

- Tobacco Settlement Team
- Clinical Trials Team
- Access to Quality
 Cancer Care Team
- Cancer Workforce Team

And a National Media Initiative



Bill for an Act

Health Care Equity and Empowerment Act of 2005

Preamble

- (1) There shall be no explicit policy objective adopted to guide the allocation of public health care resources.
- (2) No clear responsibility shall be assigned for financing the care of those who cannot pay for it themselves.

Section I

Categories shall be established to differentiate between the "deserving poor" and the "undeserving poor."

- (a) The "deserving poor" shall include women who are pregnant, families with dependent children, and those who are blind or disabled. Citizens in the categories shall be provided with publicly financed health care.
- (b) The "undeserving poor" shall include poor women without children who are not pregnant and poor men. These citizens shall be denied publicly financed health care.

Section III

- (1) The public program for the elderly (Medicare) shall not provide coverage for long term care services.
- (2) The public program for the poor (Medicaid) shall provide coverage for long term care services.
- (3) The elderly in need of long term care shall be required to spend themselves into poverty in order to become eligible for Medicaid, at which point their needs will compete directly with those of poor women and children.



CEO Roundtable on Cancer

Robert A. Ingram, Chairman

June 19, 2004



The CEO Roundtable on Cancer was founded when

President Bush challenged us

to be ...

"bold and venturesome."



CEO Roundtable-V







- - Win the war on cancer
 - Reduce pain & suffering
 - Save countless lives



Consider a Career in Cancer



Armin Weinberg

Arizona Comprehensive Cancer Control Plan Unveiling

The Arizona Department of Health Services

July 7th, 2005



CONSIDER THE PROBLEM



75 percent Have been touched by cancer in the family



88 percent Know someone with cancer



What Do You Enjoy?

Making a difference in people's lives?





Consider joining the team fighting our nation's most deadly health problem







Be the generation that conquers cancer



CONSIDER THE GOOD NEWS



Lance Armstrong
Champion + Cancer Survivor

Up to 70 percent of all cancers are preventable

Five Year Cancer Survival Rate: 63 percent (all cancers combined)

10 Million+ Cancer survivors today

Consider a Career in Cancer Public Health





Most people don't realize it, but public health has had more to do with keeping them healthy and safe than any other field. You name it—water, food, transportation, hazardous waste, aging, substance abuse, and so much more—all involve public health experts.

I am focusing on cancer by developing programs so women in medically underserved populations get breast cancer screening. We know that if we catch the disease early, we can conquer it, saving lives and suffering. Everyone deserves that chance.

MAKING CANCER HEALTH DISPARITIES History

Report of the Trans-HHS Cancer Health Disparities Progress Review Group

C-Change June 19, 2004

Why a Cancer Health Disparities PRG?



Committed to eliminating the unequal burden of suffering and death due to cancer, the Department of Health and Human Services established the Trans-HHS Cancer Health Disparities Progress Review Group.

- Closing the gap in health disparities is a top priority of the President and the Department of Health and Human Services (HHS).
- Cancer health disparities can serve as a model of all health disparities.

Cancer Health Disparities

- Minority and underserved populations bear a greater cancer burden than the rest of the nation.
- Some U.S. populations are significantly more likely to:
 - Be diagnosed with and die from preventable cancers.
 - ➤ Be diagnosed with late-stage cancers detectable through screening at an early stage.
 - Receive either no treatment or treatment that does not neet currently accepted standards of care.
 - Die of cancers that are generally curable.
 - Suffer from cancer without the benefit of pain control and other palliative care.

These should serve to frame an important set of questions about the people your organization serve and treat.

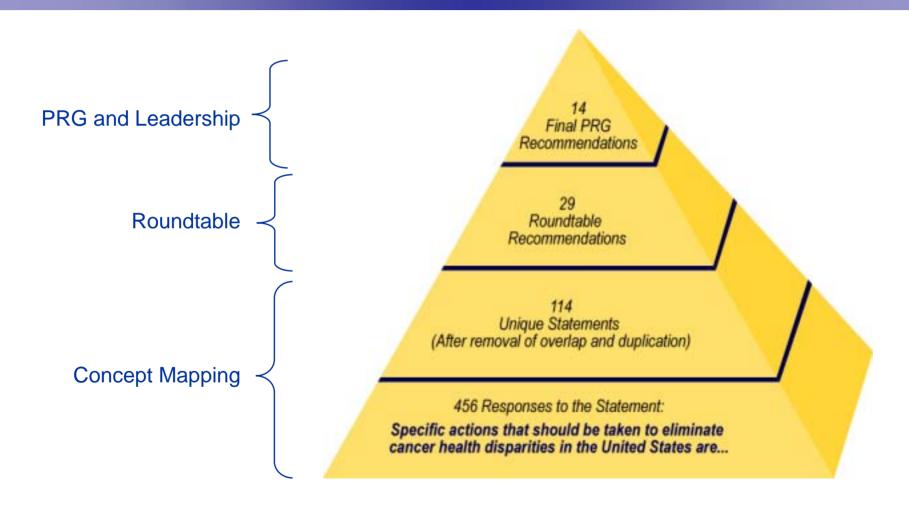
Why a Trans-HHS PRG?

- HHS agencies with programs and projects that address cancer health disparities:
 - > HHS Office of Minority Health (OMH)
 - > HHS Office on Women's Health (OWH)
 - Administration on Aging (AoA)
 - Agency for Healthcare Research and Quality (AHRQ)
 - Centers for Disease Control and Prevention (CDC)
 - Centers for Medicare and Medicaid Services (CMS)
 - Food and Drug Administration (FDA)
 - Health Resources and Services Administration (HRSA)
 - National Institutes of Health (NIH)
 - Substance Abuse and Mental Health Services Administration (SAMHSA)

Cancer Health Disparities Roundtable

- Ten Breakout Groups that focused on specific topic areas of importance:
 - Methods, Measurement, and Reporting
 - Enhancing the Level and Quality of Health Disparities Research
 - Research Policy
 - Access to Quality Cancer Services
 - Culturally Competent Health Care Systems
 - Facilitating Partnerships for Action
 - Implementing Evidence-Based Programs to Reduce Cancer Health Disparities
 - Culturally and Linguistically Competent Education and Training
 - Inequity and Social Injustice
 - Changes and Implementation of Public Policy

Approach Used to Develop Consensus Recommendations



Developing Our Call to Action

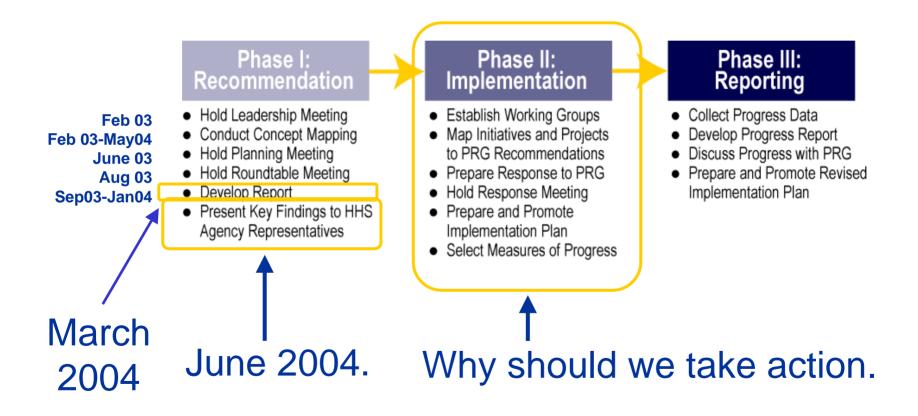
 We identified challenges and opportunities and presented our priority recommendations within the framework of the Discovery to Delivery continuum.

 We included overarching recommendations in Planning and Coordination to ensure that all activities are integrated.

 We suggested a timeframe for initiating each recommendation to increase the likelihood of success.

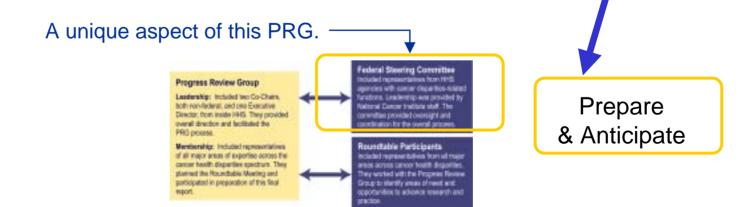


A Three-Phase PRG Process



Important Aspects of this PRG

- Unlike other expert panels that have recently reported on cancer and/or health disparities, this group:
 - Was initiated by the entity to which its recommendations are being directed (HHS).
 - Was focused primarily on solution development.
 - Worked in partnership with the organization to which its recommendations are being directed.



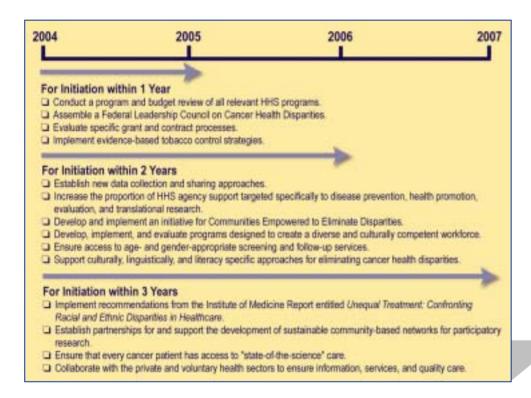
Planning and Coordination for Initiation within 1 Year (cont.)

Assemble a Federal Leadership Council on Cancer Health Disparities led by the HHS Secretary in partnership with the Secretaries of other appropriate Federal departments to mobilize available resources in a comprehensive national effort to eliminate cancer health disparities.

- Because cancer health disparities transcend the scope of the HHS, it is important to include other appropriate Federal departments.
- The Council would establish specific goals and targets, and ensure monitoring and accountability.
- The Council would also provide an opportunity to discuss a broad range of issues and challenges that impact cancer health disparities.



Recommended Timeline

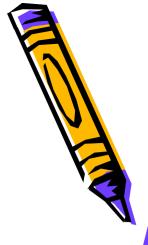


By pursuing a comprehensive approach in which all HHS agencies work together and are held accountable, and in which incentives are aligned to optimize appropriateness, efficiency, and effectiveness, HHS will make cancer health disparities HISTORY.

Comprehensive State Cancer Plans Team

- Builds on works in progress
- Works to mobilize broad support for and facilitate the development of comprehensive cancer plans in each state, tribal entities and associated territories
- Cancer Control Leadership Institutes
- Special teams to help those states where help was needed

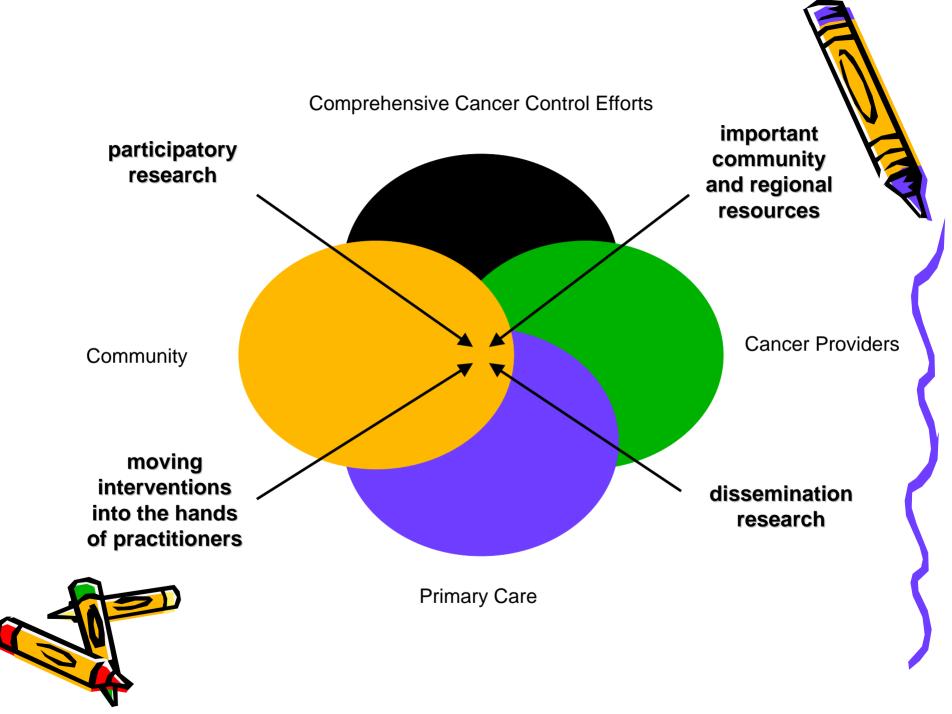


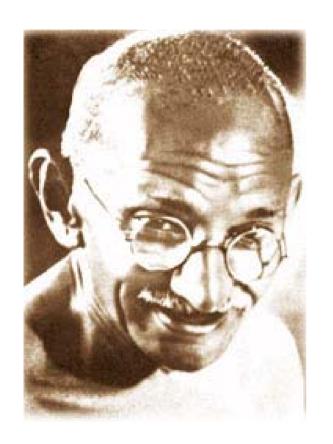


"If the problems are in the community...
The solutions are in the community"

Gilism #1 Gilbert Friedell, M.D.

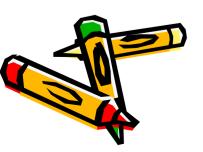


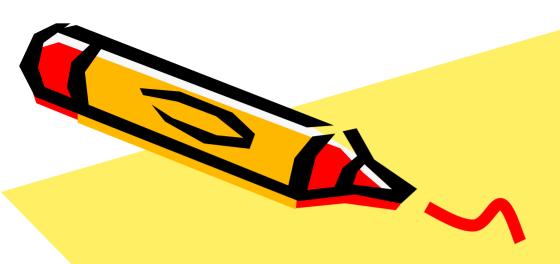




"If you want to change the world, be that change."

Gandhi





NHIA: NAACCR Hispanic I dentification Algorithm

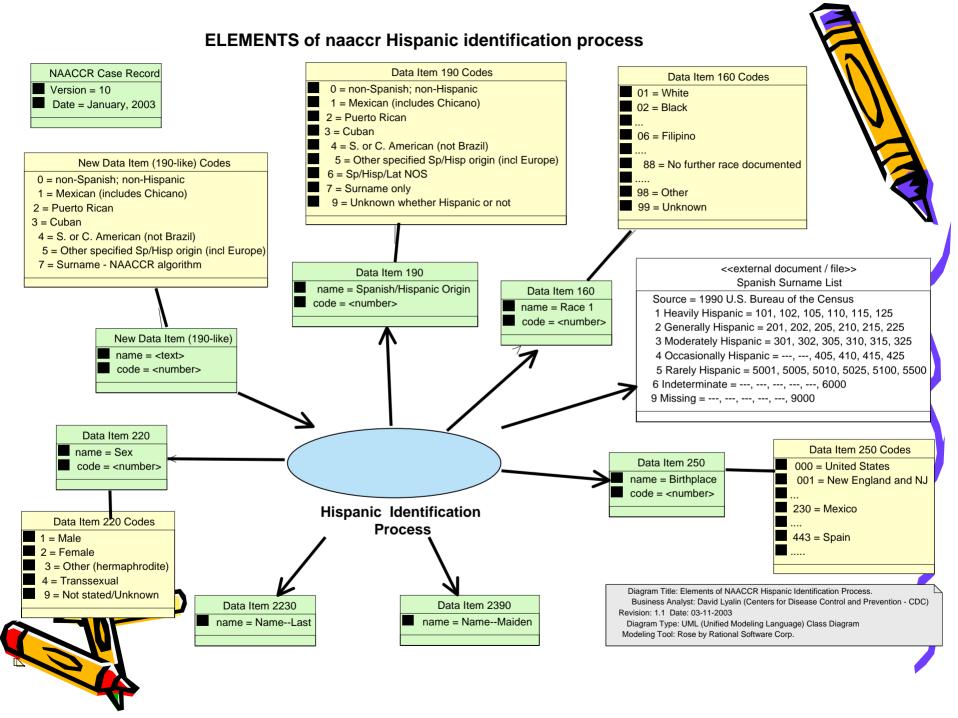
Holly L. Howe, PhD
Executive Director, NAACCR
and
Chair of the Expert Panel on
Hispanic I dentification



Census Facts

- In the 2000 United States Census, 13 percent of the population stated they were of Hispanic Origin.
- The Hispanic population has grown by 58% since 1990, while the total U.S. population has grown by only 13%.





Role of Community Based Organizations in Restructuring and Use of Cancer Data

- Can we hit the target?
- Not if we can't see it!
- No longer simply follow the leader.



Lessons Learned from Ten Years of Advocacy in Oncology.

The Value of Joining Forces

The Importance of History

- Lessons from Cardiovascular
 Disease Prevention
- Epidemiologic evidence led to prevention and early detection
- Women were different from men
- Fund raising vs. Program
- Tobacco Control, Dietary
 Modification vs. the "Silver Bullet"

Emerging Science

- Discovery, Development and Delivery
- Evidence Based
- What amount of evidence do we need?
- What about the gaps created by "unequal science?"
- Best practices

Collaboration and Coordination

- A concept that we started addressing nearly 30 years ago...
- Still requires a degree of trust...
 dialogue... and action if public policy
 is to improve the health status of
 the American Public.

Build upon the foundation laid by the CCC effort ...

- Weaknesses exist but put a positive on what is being done through CCC.
- Existing partnerships often have strategies in place to address the issue.
- Differing stages and ability of current partnerships within the coalition.
- Need to recognize the existing CCC coalition members may vary in receptiveness.

Examples of states with plans to eliminate disparities

Many identify specific strategies for eliminating health disparities in cancer in each of their plan priorities.

- The Alabama Comprehensive Cancer Control Plan supports the development of community-based research to reduce cancer risks and increase participation in clinical trials. A specific goal in the plan is to enhance the participation of priority populations (i.e. rural, low income, minority, and underserved) in cancer research. (http://www.adph.org/administration/comcancerctl.pdf)
- The "Unequal Burden of Cancer" chapter in the California Comprehensive Cancer Control Plan describes the unequal burden of cancer for specific populations in California. It also describes well-defined goals and objectives for ensuring "access to quality cancer care...with no disparity in outcomes" for all Californians. Strategies to achieve planned goals and objectives in the chapter include to: 1) increase cancer health disparities research into the causes of cancer health disparities within a specified period of time, 2) increase capacity for working with diverse communities and 3) increase surveillance data for population subgroups. (http://www.cadoc.org/)

What can YOU do to ...

- Include cancer survivors with diverse backgrounds
- Inform policy makers & the public
- Influence program development
- Increase likelihood of success
- Insure participation through inclusion

A cornerstone of these concepts...

What we "say" vs. What we "do"

For example...

Advocacy for clinical trials: do the Royal Colleges and State cancer councils play an appropriate role?

- The majority (13/18) supported the idea that patients should be invited to participate in well-designed clinical trials
- Half (9/18) organizations have any formal policy encouraging clinical trial participation
 - Only five undertake any activity to promote clinical trials
- Only two organizations were proactive in promoting trials to clinicians and patients

Develop strategies for monitoring progress in implementation

- Report card, quality of cancer plan addressing disparities
- A Report Card that matters...
 - Time to hospital
 - Distance and distribution of services
 - Access culturally competent providers
 - Availability of speakers
 - Cost of and availability of radiation therapy
 - Hours facilities are available
 - Readability, language, translation services

Establish through regulation/legislation adequate and sustained funding

- Develop realistic budget for implementation
- Develop material that address the economics of reducing health disparities

Develop consensus and political commitment

- Equivalent to "hill briefings"
- Advocacy training

Bottom line Engage the public

- Can not succeed without addressing racial/ethnic and underserved populations
- Integration of resources from national to local community levels
- Ensure a return on YOUR investment
- Strengthen communication and planning between agencies
- Must dispel "myths"

Let's take Control of Cancer ...

The End